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Application Number: 10/811,287

Filing Date: 3/25/2004

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- 1. Fee Transmittal
- 2. Response to Office Action Dated 10/05/2005
- 3. Information Disclosure Statement
- 4. PTO Form 1449

Total pages including cover sheet: 21

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Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818).  FEE TRANSMITTAL  For FY 2005					Complete If Known					
					Application Number		10/811,287			
					Filing Date 3/25/2004					
					First Named Inv	Inventor Lie Lu				
					Examiner Name		JEFFREY DONELS			
Applicant claims small entity status. See 37 CFR 1.27					Art Unit		2837			
TOTAL AMOUNT OF PAYMENT (\$) 580.00					Attorney Docke	t No.	MS1 1904US			
METHOD OF PAYMENT (check all that apply)										
Check Credit Card Money Order None Other (please identify):										
Deposit Account Deposit Account Number: 12-0769 Deposit Account Name: Lee & Hayes, PLLC										
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)										
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BASIC FILING, SEARCH, AND EXAMINATION FEES     FILING FEES SEARCH FEES EXAMINATION FEES										
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Utility		300	-	00	250	20	-	00	-	
Design		200		00	50	13		65 .		
Plant		200	7	300	150	16		80 .		
Reissue		300		00	250	60		00 .		
Provisional 200 100 0 0 0 0										email Earling
2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Fee (\$)										
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25										
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100										
Multiple depend		tra Claims	s Fee (\$)	Fee P	ald (\$)	Multi	nte Depen	dent Claims	300	100
- 20	or HP =		x <u>50</u> =				e (\$)	Fee Paid	<u>(\$)</u>	
			if greater than 20	EAA D	teld (\$)					
Indep, Claims 5 - 3	or HP = 2	tra Claims		400.0				\		
HP = highest number of independent claims paid for, if greater than 3										
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		<u>_</u>			" Main			<del>                                     </del>		

Name (Print/Type) Mark C. Farrell

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